

Exhibit Booth Contract

6th Annual Army Force Health Protection Conference

Albuquerque Convention Center, Albuquerque, NM

Conference: 11-17 August 2003

Exhibit Hall: 12-13 August 2003

Please complete sections 1-9 and submit your signed contract no later than 1 May 2003. For more details, see the *Exhibit Hall Rules and Regulations* and the *Quick Facts for the Exhibitor*.

1. Print or type ALL the information. List the name and contact information of the exhibiting company as you want it to appear in all promotional pieces.

Company/Organization Name

Street/P.O. Box

City State Zip

Telephone Fax www address

2. Print or type the contact person or recipient of all materials (e.g., exhibitor kit).

Name Title

Telephone Fax E-mail address

3. Print or type a maximum of three names and titles of booth representatives (*badges are required to be worn at all times during the conference*). All exhibit booth representatives are registered in advance when the contract is submitted.

1. Name Title

2. Name Title

3. Name Title

4. List your booth space choices. [Refer to Exhibit Hall 2003 Floor Plan.](#)

Note: Space assignment is on a first-come, first-served basis.

First choice: Second choice: Third choice:

5. Print or type in 50 words or less (minimum 10) your company/organization product/service description below. All or part of the description will be used in the development of promotional materials. *Please use additional page if necessary.*

6. Please check ONLY one box for your product/service category.

- | | | |
|------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|
| <input type="radio"/> Computer Applications/Services | <input type="radio"/> Hearing Conservation | <input type="radio"/> Protective Clothing |
| <input type="radio"/> Computer Hardware/Peripherals | <input type="radio"/> Insurance Services | <input type="radio"/> Publications |
| <input type="radio"/> Consulting Services | <input type="radio"/> Laboratory | <input type="radio"/> Public Relations |
| <input type="radio"/> Education and Training | <input type="radio"/> Legal | <input type="radio"/> Risk Communication |
| <input type="radio"/> Ergonomics | <input type="radio"/> Promotional Products | <input type="radio"/> Safety |
| <input type="radio"/> Health Promotion and Wellness | <input type="radio"/> Nutritional Services | <input type="radio"/> Other (<i>please specify</i>) _____ |

7. Check the appropriate booth package category.

The one booth package consists of a 10' x 10' space with 8' high background drape, 3' high side drape, 7" x 44" identification sign, (1) 8' draped table, (2) Matrix chairs, (1) wastebasket with liner, and carpet for booth space. *Other requirements (such as electricity) can be purchased through the decorator, Convention Services of the Southwest, Inc., who will send you a separate Exhibitor Service Manual.* **There is a 25% discount for military and non-profit organizations.**

One booth package

- ☐ Contract submitted by 15 May 2003 @ \$1000
- ☐ Contract submitted after 15 May 2003 @ \$1100

Two booth package

- ☐ Contract submitted by 15 May 2003 @ \$1600
- ☐ Contract submitted after 15 May 2003 @ \$1700

Three booth package

- ☐ Contract submitted by 15 May 2003 @ \$2500
- ☐ Contract submitted after 15 May 2003 @ \$2600

Four booth package

- ☐ Contract submitted by 15 May 2003 @ \$3400
- ☐ Contract submitted after 15 May 2003 @ \$3500

8. Indicate your method of payment.

☐ Check enclosed, payable to Network Management Resources

☐ Visa

☐ MasterCard

Card No. _____

Expiration Date: (month/year) _____

Cardholder's Signature _____ Date _____

9. Please sign and date on the line below:

The rules and regulations printed in the Exhibitor Package shall constitute part of this contract, and the exhibitor agrees to abide and conform thereto. By completing and signing this Exhibit Booth Contract, I hereby release any photographs to the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) that may be incidentally taken of me during the 6th Annual Army Force Health Protection Conference to be used for any purpose. **The booth prices include a \$40 non-refundable application-processing fee.**

Signature _____ Date _____

For Checks:

Mail your completed form with check (payable to Network Management Resources) to—

Network Management Resources

565 Benfield Rd.

3rd Floor

Severna Park, MD 21146

For Credit Cards:

Mail or fax completed form with credit card information to 410-544-5300

Direct Inquiries:

Contact Susan Philips at 410-544-4949.

For Further Information:

<http://chppm-www.apgea.army.mil/fhp>